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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2019 APR 23 PM 2:25

S.D. OF N.Y.

Antoine Bee

No. **19 CV 3622**
(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

Department Of Corrections.

Health Home and Hospitals

COMPLAINT
(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Antoine D DEE
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-19-01703
Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

North Command Annex
Current Place of Detention

1500 Hazen ST East Elmhurst New York 11370
Institutional Address

Queens New York 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Doctor Roul Ramos

First Name	Last Name	Shield #
The Head doctor of N.I.C.		
Current Job Title (or other identifying information)		
1500 Hazen ST. East elmhurst NEW YORK 11370		
Current Work Address		
Ms. Michelle Nallett		
County, City	State	Zip Code

Defendant 2: Deputy Warden

First Name	Last Name	Shield #
1500 Hazen ST. East Elmhurst New York		
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: North Command Anex

Date(s) of occurrence: 29-bo-3-30-19-4-1--19-4-619

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Fact\$1. I was denied pain medication by Docter Ramos

at N.I.C.

Fact #2 was denied double mattresses that would accomodate my arteritus

Fact #3 is that these are not even mattresses that they give us to sleep on , they are Yoga Matts

Fact # 4 I was denied Medical Housing during my intake process by the Department of Correction.

Fact # 5 I am being denied the medical care that I should be aforded at N.I.C.

Fact # 6 Being denied the proper Medical Transportation.

fact#7. I was denied my medical Foot waer that was made
My Prosthetic Leg.

INJURIES:

If you were injured as a result of these actions; describe your injuries and what medical treatment, if any, you required and received.

None Stop pain due to the lack of pain Medication
by Dorter Ramos at N.I.C.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$250.000for the main end suffering and the lack medical
treatment that I was denied at N.I.C.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated _____		Plaintiff's Signature _____	
Antoine Bee	D		
First Name	Middle Initial	Last Name	
1500 Hazen ST. East Elmhurst N.Y.			
Prison Address			
Queens	New York	11370	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: _____

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**Form.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-AInmate's Name:
Antoine d. GeeBook & Case #:
349-19-01703NYSID #:
01041694m

Facility: N.I.C.

Housing Area: dorm3

Date of Incident:
4-8-19Date Submitted:
4-8-19

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On the aboved date I was in the bathroom in dorm 3. there wwas
water on the floor. I was walking and did not see thewater as I wwas
walking out I lost my balance and fell. In a result I hurt my back
and I also re-injured a heel injury.

Action Requested by Inmate:

to be compensated for my pain and suffering.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☐

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☐

Have you filed this grievance with a court or other agency?

Yes ☐ No ☐

Did you require the assistance of an interpreter?

Yes ☐ No ☐

Inmate's Signature:

Gee, Antoine

Date of Signature:

4-8-19

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form: # 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A



The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written complaint submitted by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement.
- You always have the right to file a complaint/grievance. Inmates are only allowed to file one complaint for each grievance form.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance with this office.
- Inmate shall not file repetitive grievances / 311 complaints where time frame to investigate said complaint has not elapsed. This will be considered misuse.

All grievance forms must be signed. Failure to sign form will be deemed invalid.

THE SUBMISSION AND APPEALS PROCESSES

1.SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2.FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3.COMMANDING OFFICER'S REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.

4.APPEAL TO THE DIVISION CHIEF

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5.CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

GRIEVANCE CATERGORIES

- | | |
|---------------------------------|---------------------------|
| 1. CLASSIFICATION/SRG STATUS | 13. MENTAL HEALTH |
| 2. CLOTHING | 14. PERSONAL HYGIENE |
| 3. COMMISSARY | 15. PHONE |
| 4. CORRESPONDENCE / MAIL | 16. PROGRAMS |
| 5. EMPLOYMENT | 17. PROPERTY |
| 6. ENVIRONMENTAL | 18. RECREATION |
| 7. FOOD | 19. RELIGION |
| 8. INMATE ACCOUNT | 20. RULES AND REGULATIONS |
| 9. JAIL TIME | 21. SCHOOL |
| 10. LAUNDRY | 22. SEARCH |
| 11. LAW LIBRARY | 23. SOCIAL SERVICES |
| 12. MEDICAL/ACCESS TO SICK CALL | 24. TRANSPORTATION |
| | 25. VISIT |
| | 26. OTHER |

CATERGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC)
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER

ATTORNEY LIDEE
349-19-01703
1500 HAZEN STREET
EAST ELMHURST, NY
11370

CLERK'S OFFICE
S.D.N.Y.

S.D. OF N.Y.

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